

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/591737

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	/		/			
4	2		1			
5	0		1			
6	0		1			
7	0		1			
8	0		1			
9	1		1			
10	0		1			
11	0		1			
12	0		1			
13	0		1			
14	1		1			
15	1		1			
16	0		1			
17	0		1			
18	0		1			
19	0		1			
20	1		1			
21	1		1			
22	1		1			
23	2		1			
24	0		1			
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TOTAL IND.			6			
TOTAL DEP.		21				
TOTAL CLAIMS		27				

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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TOTAL DEP.						
TOTAL CLAIMS						